



**CITY OF AMERICUS
NATURAL GAS "EQUAL PAYMENT PLAN"
AGREEMENT
(Must be submitted by March 1st)**

Date: _____

Customer Name: _____

Street Address: _____

City/State/Zip: _____

By signing this agreement for the Equalized Payment Plan, the customer agrees to pay each month an amount equal to one twelfth of his total yearly payments for gas. The customer agrees to stay on this plan for one year, unless he/she moves outside the City of Americus service area or moves to another location inside the City which does not have Gas service. This contract automatically renews in one year increments unless the City receives a cancellation request before March 1st.

The customer agrees to pay \$_____ a month for eleven (11) months. The twelfth month is used to settle any overpayments or underpaid amounts. This amount is based on the average price of gas for the previous year and the average usage. This is provided by our Customer Service Representatives.

If the customer has any major changes in his household that would effect gas consumption(for example, installation of major gas appliance or gas heating), please notify the City of Americus Customer Service Department.

Customer Signature

City of Americus - Customer Service

Account Number

For City Use Only

Date Account Changed: _____ **Processed by:** _____

Notes: _____